FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1998						Secretary of State DIVISION OF CORPORATIONS				NS	Secretary of State	
[OCUI	n Name		L46735		(1)						
	MARIE POWELL OF CITRUS COUNTY, INC.											
Principal Place of Business					М	Mailing Address						
2717 HWY 44 W INVERNESS FL 34453				2717 HWY 44 W INVERNESS FL 34453								
US					US					DO NOT WRITE IN THIS SPACE		
											3. Date Incorporated or Qualified 02/01/1990	
2.	Principal Pl	ace of Busin	ness		2a.	Mailing Address					4. FEI Number Applied For	
21					26						59-2988411 Not Applicable	0
22	Suite, Apt. #, ētc.				27	Suite, Apt. #, etc.					5. Certificate of Status Desired See Required	
	City & State					City & State				<u></u>	6. Election Campaign Financing \$5,00 May Be	
23					26						Trust Fund Contribution	_
24	Zip						<u></u>	Country			8. This corporation owes or has paid the current year Intangible	
24	=	9. Name	and Ad	Idress of Curren	29 1 Regis	tered Agent	30	7			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	-
	LYV	ERS, LEE	Р.		· <u>-</u>			81		Name		_
2717 HWY 44 W								82 Street			ess (P.O. Box Number is Not Acceptable)	-
INVERNESS FL 34453									L			_
									1			
								84	1	City	FL 85 Zip Code	
11	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboutfice or registered agent, or both, in the State of Florida, Such change was authorized. 									named corpo		ı
	office or re agent. I a	egistered ag milamiliar wi	ent, or th, and	both, in the State accept the obliga	of Florid Lions of	da. Such change v f, Section 607.050	was author 5, Florida 9	zed b Stalute	y th S.	he corporation	ion's board of directors. I hereby accept the appointment as registered	
SI	GNATURE											
12		Signature, typed	or printed	name of registered age OFFICERS AND	~			ered Ag 3.	jent :	signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4
_	TLE	PST				DELETE		1 TITLE		<u> </u>	Change Additio	n
NA	ME	LYVERS					1.	2 NAME		ĺ		- 1
ST	reet address			I SOUTH			1.	3 STREE	T AD	DRESS		
CIT	TY-ST-ZIP	INVERNI	ess fi	<u> </u>		DELETE		4 City - :	ST-Z	ZIP	Change Additio	\perp
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	REET ADDRESS							3 STREE		ODRESS		ļ
	TY-ST-ZIP						2.	4 CITY	ST-	ZIP		
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	ME						- 1	2 NAME				
	REET ADDRESS							3 STREE				
TIT	TY-ST-ZIP				~	DELETE		1. CITY - 1 title	51-	ZIP	☐ Change ☐ Addition	\exists
	ME						•	2 NAME				
	REET ADDRESS							3 STREE		DRESS		
CIT	Y-ST-ZIP	· 			_			CITY-	ST - 2	ZIP		
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!	ME							2 NAME		ODECC		
!	REET ADDRESS TY-\$1-ZIP							3 STREET 4 City-!				
TIT						DELETE		TITLE	31 - £	Lu	☐ Change ☐ Addition	1
	ME							2 NAME				Į
ST	REET ADDRESS						6.	STREET	T AD	DRESS		
CIT	QIC.T2.Y						6	CITY-5	CT_7	7IP		- 1

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

Mar 20 1998 8:00am